

Vertex Pharmaceuticals Incorporated
130 Waverly Street • Cambridge, MA 02139-4242
Tel. 617.444.6100 • Fax 617.444.6483
http://www.vrb.com

FAX TRANSMISSION

То	USPTO
Examiner	Tamihom Ngo Truong
Group Art Unit	1624
From	Karen E. Brown
Date	August 3, 2006
Application No.	10/0()5,133
Attorney Docket No.	VPI/(10-126 US
	Petition for Revival and Amendment and Reply to Office Action
Total Pages	19

Message or Comment

If any problems occur with this fax transmittal, please call (617) 444-6168 immediately.

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Attorney Docket No.: VPI/00-126 US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.:

10/005,133

Confirmation No.:

8058

Filing Date:

December 5, 2001

Examiner:

Tamthom Ngo Trung

Group Art Unit:

1624

Applicants:

Mark Ledeboer et al.

For:

INHIBITORS OF c-JUN N-TERMINAL KINASES (JNK)

AND OTHER PROTEIN KINASES

Certificate of Facsimile Transmission Under 37 CFR §1.8

I hereby certify that this correspondence and any documents referred to as attached hereto are being facsimile transmitted to the United States Patent and Trademark Office on August 3, 2006.

<u>Lisa M. Romano</u>

OC_

August 3, 2006

Cambridge, Massachusetts

Mail Stop Petition Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

TRANSMITTAL LETTER

Sir:

Transmitted herewith: [X] a Petition for Revival of an Application for Patent Abandoned Unintentially Under 37 C.F.C. § 1.137(b); [X] An Amendment and Reply to Office Action; [] a Declaration; [] a Power of Attorney; [] a copy of a Notice to File Missing Parts; [] a Response to Notice to File Missing Parts; [] a Supplemental Declaration; [] an Associate Power of Attorney; [] a substitute Specification; [] formal drawings; [] Notice of Appeal; [] Appeal Brief; [] Petition for Revival; to be filed in the above-identified patent application.

Applicants: Mark Ledeboer et al. Application No. 10/005,133

FEE FOR ADDITIONAL CLAIMS

[X]	Α	fee	for	additional	claims	is	not	required
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[] A fee for additional claims is required.

The additional fee has been calculated as shown below:

-	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOU PAID FO	R JSLY	PRESENT EXTRA	RATE		ADDITIO FEES	NAL
TOTAL	CLAIMS	•	* =	х	\$ 50	=	\$	0
INDEPI CLAIM	ENDENT S	-	** =	х	\$200	=	\$	0
	PRESENTATION O		1	+	\$360	=	\$	
	If less than 20, insert 3			TOTAL			<u>\$</u>	0

- [] A check in the amount of \$__ in payment of the filing fee is transmitted herewith.
- Please charge \$___ to Deposit Account No. 50-0725 in payment of the filing fee. A duplicate copy of this transmittal letter is transmitted herewith.
- [X] The Director is hereby authorized to charge payment of any additional filing fees required under 37 C.F.R. § 1.16, in connection with the paper(s) transmitted herewith, or credit any overpayment of same, to deposit Account No. 50-0725. A duplicate copy of this transmittal letter is transmitted herewith.

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AUG U 3 2006

Applicants: Mark Ledeboer et al. Application No. 10/005,133

EXTENSION FEE

- The following extension is applicable to the Response filed herewith; [] [] \$120.00 extension fee for response within first month pursuant to 37 C.F.R. § 1.136(a); [] \$450.00 extension fee for response within second month pursuant to 37 C.F.R. § 1.136(a); [] \$1,020.00 extension fee for response within third month pursuant to 37 C.F.R. § ...136(a); [] \$1,590.00 extension fee for response within fourth month pursuant to 37 C.F.R. § 1.136(a); [] \$2,160.00 within fifth month pursuant to 37 C.F.R. § 1.136(a).
- A check in the amount of [] \$120.00; [] \$450.00; [] \$1,020.00; [] \$1,590.00; [][] \$2,160.00 in payment of the extension fee is transmitted herewith.
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MISCELLANEOUS FEES

Please charge \$1,500.00 to Deposit Account No. 50-0725 in payment of [X] Petition to revive unintentionally abandoned application (37 C.F.R. § 1.17(m)).

Respectfully submitted,

Karen E. Brown, Reg. No. 43,866

Attorney for Applicants
c'o Vertex Pharmaceuticals Incorporated

130 Waverly Street

Cambridge, Massachusetts 02139

Tel: (617) 444-6168 Fax: (617) 444-6483 Customer No. 27916

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тота	L CLAIMS	•	# =	х	\$ 50	=	\$ 0	
INDEI CLAIN	PENDENT MS	-	4 + =	х	\$200	=	\$ 0	
FIRST PRESENTATION OF A MULTIPLE DEPENDENT CLAIM + \$360 = \$								
*	If less than 20, insert If less than 3, insert 3			TOTAL	***		<u>\$0</u>	· .

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